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Bib Data Sheet

CONFIRMATION NO. 7182

| | | | | |
|------------------------------------|---|---------------------|-------------------------------|---|
| SERIAL NUMBER 09/641,627 | FILING DATE 08/18/2000 RULE | CLASS 482 | GROUP ART UNIT 3764 | ATTORNEY DOCKET NO. 13914.579.1 |
|------------------------------------|---|---------------------|-------------------------------|---|

APPLICANTS
 Scott R. Watterson, Logan, UT;
 William T. Dalebout, Logan, UT;
 Darren C. Ashby, Richmond, UT;

**** CONTINUING DATA *******
 THIS APPLICATION IS A CIP OF 09/349,608 07/08/1999 *pat no. 6,312,363*
 AND A CIP OF 09/496,560 02/02/2000 *pat no. 6,447,424*

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/06/2000

| | | | | | |
|---|--|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed 35- USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance | STATE OR COUNTRY UT | SHEETS DRAWING 20 | TOTAL CLAIMS 84 | INDEPENDENT CLAIMS 5 |
|---|--|-------------------------------|-----------------------------|---------------------------|--------------------------------|

ADDRESS
 David B. Dellenbach
 WORKMAN, NYDEGGER & SEELEY
 1000 Eagle Gate Tower
 60 E. South Temple
 Salt Lake City, UT 84111

TITLE
 System for interaction with exercise device

| | | |
|------------------------------------|---|--|
| FILING FEE RECEIVED 2458 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input checked="" type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|------------------------------------|---|--|